

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/5/582

APPLICANT(S)

10/1/07

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2		1	1			
3		1		1		
4		3		3		
5		3		3		
6	1		1			
7	1		1			
8				1		
9						
10				4		
11				4		
12				4		
13				4		
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20				4		
21				4		
22				4		
23				4		
24				2		
25				2		
26				2		
27				2		
28				2		
29				4		
30				4		
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50						
TOTAL IND.	4		4			
TOTAL DEP.	38		111			
TOTAL CLAIMS	42		115			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						